| all three tests for Yes No No | EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer 'yes" unless you have first consulted with the Committee on Ethics. |
|--|---|
| we you excluded Yes No X | TRUSTS - Details regarding "Qualified Blind Trusts' approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? |
| QUESTIONS | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS |
| COMPLETE | |
| \$5,000 from a Yes No No | D. Did you, your spouse, or your dependent child have any reportable hability (more than \$10,000) at any point during the reporting period? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" |
| rrangement with an Yes No | C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period? F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period? F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period? |
| the reporting he date of filing? Yes No | A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or in the current calendar year up through the date of filing? b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? |
| | PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS |
| A \$200 penalty shall be assessed against any individual who files more than 30 days late. | New Officer or Employee Staff Filer Type (If Applicable): Period Covered: January 1, 2016. A Employing Office: Shared Principal Assistant to 20, 31, 3017 |
| (Office Use Only) | New Member of or Candidate for State: U.S. House of Representatives District: Check if Amendment FILER Candidates Date of Election: 5 125/17 |
| 18 NOV -6 AM 11: 26 | Name: MARK L WICKS Daytime Telephone |
| OCT 3 F 2016 - | FORM B FINANCIAL DISCLDSURE STATEMENT FINANCIAL DISCLDSURE STATEMENT For New Members, Candidates, and New Employees |

| SCHEDULE A - ASSETS & "UNEARNED INCOME" | |
|---|--|
| Name: MARK L WICKS | |
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| | | | | | | | | | MANKOT HICK | SUPPLICATION OF THE COLUMN | TATION COMES | | Mirt sol salas | 、 それくしゃく | Cittle Siles | ASSET NAME | | | Assets and/or Income Sources | BLOCK A |
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| | | | | |] | | | | 12.1 | 2 | 20.25 | 20 CE | TO 130 | = | 15.27 | | Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | | | |
| | | | | | | 1 | | T | | | | | 7 | | 45 | | None - | | | |
| | | | | | | | | | \neg | | _ | | | | | 1 | \$1-\$200 | 1 | | |
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| | \top | \top | T | 1 | 1 | \top | | \neg | | | 1 | 1 | \top | \top | \top | 1 | Spouse/DC Income over \$1,000,000° ≧ | | | |

SCHEDULE C - EARNED INCOME

| Name: | |
|--------|--|
| MARK | |
| WICKS | |
| Pageof | |

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

| Source (include date of receipt for honoraria) ABC Trade Association, Baltimore, MD (July 15) State of Maryland Civil War Roundtable (Oct. 2) Civil War Roundtable (Oct. 2) | Type Honorarium Spouse Speech Spouse Selen | Am Current Year to Filing \$0 \$20,000 | Amount Preceding Year \$500 \$76,000 \$1,000 |
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| OSPS IN SOMMON IN SOSO | Salary | | 25,200 |
| USTS Gildford Mt S9525 | Spawe Salary | | OSH 81 |
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SCHEDULE D - LIABILITIES

period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an int liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child. Report liabilities of over \$10,000 owed to any one creditor at any time during

| | | | | | | | D | moun | Amount of Liability | ability | | | | 1 |
|-------------|------------------------------|-------------------------------|--|-----------------------|-----------------------|------------------------|-------------------------|-------------------------|---------------------------|-----------------------------|------------------------------|-------------------------------|-------------------|-------------------|
| | | | | > | ω | c | O | m | -11 | ø | 1 | | _ | |
| SP DC JT | Creditor | Date Liability Incurred MO/YR | Type of Liability | \$10,001- \$15,000 | \$15,001- \$50,000 | \$50,001- \$100,000 | \$100,001- \$250,000 | \$250,001- \$500,000 | \$500,001- \$1,000,000 | \$1,000,001- \$5,000,000 | \$5,000,001- \$25,000,000 | \$25,000,001- \$50,000,000 | Over \$50,000,000 | Over \$1,000,000* |
| Example | First Bank of Wilmington, DE | 5/98 | Mortgage on Rental Property. Dover. DE | | | | × | | | | | | | |
| n | Contro Leave | 3/14 | Cattle han | | × | | | | | | | | | 1 |
| (0.0.7 | Contal Ore Elmical | 4/15 | Car bail | | 7 | | | | | | | | | |
| 7600 | house of the mois | 12/16 | Car loan | | × | | | | | | | | | |
| 78 | Bas Pat (ce) + Union /2/ | 1/2/16 | Trailer logu | Х | | | | | | | | | | |
| 11 | 10000 | 6/16 | Personal hour | | × | | | | | | | | | |

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fratemal, or or other business enterprise, nonprofit organization, labor organizations or other institution other than the United States. Exclude: Positions held in the reporting political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the current calendar year and two previous years.

| | | rosmon | period and the current continual year. | and the current calendar year. First year candidates |
|--|--|--------|--|---|
| | | | Name of Organization | and new employees report positions results are content on the property of the |

SCHEDULE F - AGREEMENTS

employer. Date

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former none Parties to Agreement Name: MARK L WICKS Terms of Agreement Page 으

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

| | Source (Name and City/State) | Brief Description of Duties |
|----------|--|-----------------------------------|
| Example: | Doe Jones & Smith, Hometown, Homestate | Accounting Services |
| USPS | PS | Hichway Contract Route Contractor |
| | | • |
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: MARK L WICKS

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| A N. | * | | Fushery cuttern | Carrighes, | | JP, Alama Com Stock | For bank and other cash accounts, total the amount in all interest-bearing accounts, if the total is over \$5,000, ist every finnendal institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., 'rental property,' and a dity and state. For en ownership interest in a privately-held business that is not publicly traded, state the name of the pusiness. The nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second nomes and vacation homes (unless there was rental neared uning the reporting period); and any finencial nerest in, or income during the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted investment program, including the Thrift Savings Plan. If you so choose, you may indicate that en asset or noome source is that of your spouses (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. To re detailed discussion of Schedule A requirements, and interest in the instruction booklet. | | For all IRAs and other retirement plans (such as | s of stocks and mutual funds ymbols). | dentify (a) each asset held for investment or indicate value of asset at account of income and with a fair market value use a valuation method of exceeding \$1,000 at the end of the reporting period, specify the method used, and (b) any other reportable asset or source of income (if an asset was sold of which generated morre than \$200 in "unearmed" included only because it on noome during the year. | Assets and/or Income Sources | BLOCK A | |
|------|---|---|-----------------|------------|----------|---------------------|--|---------------|--|---|--|------------------------------|---------|--|
| | * | | X | × | finite | × | \$15,001-\$50-000 | | | "Column M is lor assets held by your spouse or dependent child in which you have no interast. | Indicate value of asset at dose of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be 'None.' | Value of Asset | вгоск в | |
| | | X | × | hcome | Royalies | × | Spouse/DC Asset over \$1,000,000' NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | | | "None" if the esset generated no during the reporting period. | | Type of Income | BLOCK C | |
| | | X | × | × | × | × | None ~ \$1.\$200 ⇒ \$201-\$1,000 ⇒ \$1.001.\$2,500 ≈ \$2,501.\$5,000 < | Current Year | | | For assets for which you checked "Tax-Deferred" in Block assets indicate the category of income by checking the capital gains, even if retirvested, must be disclosed Check "None" if no income was earned or generated. "Column XII is for assets hald by your spouse or depend | Amount of Income | BLOCK D | |
| × . | | | X | × | > | × | \$1.\$200 = \$201.\$1,000 | receding Year | | | k.C. you may check the "None" column. For ell other appropriate box below. Dividents, interest, and as income for assets held in taxable accounts. lent child in which you have no interest. | Income | (0 | |